

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/512145**  
APPLICANT(S)

FILED DATE

**10/22**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3							53						
4		2		2			54						
5		0		0			55						
6		0		0			56						
7		0		0			57						
8		0		0			58						
9	/		/				59						
10	/		/				60						
11							61						
12		0		0			62						
13		2		0			63						
14	/		/				64						
15		1		1			65						
16		1		1			66						
17		0		1			67						
18		1		1			68						
19							69						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS